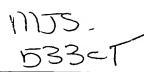
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Sally j.	Werts All	Och	Tito	(Depositor's name)
		71.1	WWZ	(Signature)
			3.4.	- (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/773,913	02/06/2004	Ye Huang	1237A .	8473

TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING A GRAPHICAL USER INTERFACE TO, FOR BUILDING, AND/OR FOR MONITORING A TELECOMMUNICATION NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0 92/17/2019 H	\$1810 GEBREN2 00000177 21	02/16/2010 0765 10773913	
EXAM	MINER	ART UNIT	CLASS-SUBCLASS	01 FC:1591	1510.00 DA		
LAZARO	, DAVID R	2455	709-223000	02 FC:1504	300.00 DA		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)			
PLEASE NOTE: Ur recordation as set for	nless an assignce is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the part a substitute for filing an	atent. If an assignee is ic assignment.	dentified below, the doc	ument has been filed for	
(A) NAME OF ASS	IGNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	RY)		
Sprint Co	mmunications (Company L.P.	Overland Pa	rk, KS 66251	٠.	,	
				4		1	

recordation as set forth in 37 CFR 3.11. Completion of this form is N	NOT a substitute for filing an assignment.			
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
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Please check the appropriate assignce category or categories (will not be	e printed on the patent): 🔲 Individual 🥸 Corporation or other private group entity 🔲 Government			
4a. The following fee(s) are submitted: Solution See (No small entity discount permitted) Advance Order - # of Copies	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 210765 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
NOTE: The Issue Fee and Publication Fee (if required) will not be acceptinterest as shown by the records of the United States Patent and Tradema	pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.			
Authorized Signature Molsky Agen	2l Date 2/2/2010			

Typed or printed name <u>Meli</u>ssa A. Jobe

Registration No. 54,605

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28004 7	7590 11/16	/2009 P	AP has	e its own certificate of ma	iling or transmission.	<u></u>	
	7390 11/10	/2009	AND 1 h	Certificat	e of Mailing or Trans	mission	
SPRINT 6391 SPRINT PA	DVWAV	/	る\ Ih	ereby certify that this Fee(tes Postal Service with su	(s) Transmittal is bein fficient postage for fir	g deposited with the United st class mail in an envelope	
KSOPHT0101-Z2		FEB 1	6 2010 ш) add	dressed to the Mail Stop	ISSUE FEE address	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
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		7811	RADENIT		WIND YI-W	(Signature)	
					JV	2-4-(0) (Date)	
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/16/2010	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS		·		
LAZARO, D.		2455	709-223000				
1. Change of correspondent CFR 1.363).	ce address or indication	n of "Fee Address" (37	2. For printing on the		1		
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			(2) the name of a sing	le firm (having as a memb			
PTO/SB/47; Rev 03-02 Number is required.	"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME ANI	RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)			
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(A) NAME OF ASSIGN			_	Y and STATE OR COUNT			
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Please check the appropriate	e assignee category or	categories (will not be pr	inted on the patent) :	Individual XX Corporat	ion or other private gr	oup entity Government	
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☑ Issue Fee			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.				
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Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 210765 (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated	above)			`		
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Typed or printed name Melissa A. Jobe Registration No. 54,605							
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